



July 13, 2023

The Honorable Morgan Griffith
Chair
Subcommittee on Oversight and Investigations
House Energy and Commerce Committee
Washington, DC 20515

The Honorable Kathy Castor
Ranking Member
Subcommittee on Oversight and Investigations
House Energy and Commerce Committee
Washington, DC 20515

Dear Chair Griffith and Ranking Member Castor:

Thank you again for the opportunity to participate in the June 7 hearing before the Subcommittee on Oversight and Investigations entitled, “Looking Back Before Moving Forward: Assessing CDC's Failures in Fulfilling its Mission Safety.”

I am pleased to provide my response to Rep. Schakowsky’s question for the hearing record. In addition, I would like to reiterate my strong support for CDC and to encourage Congress to address the areas I outlined in my testimony that APHA believes are critical to strengthening and improving CDC and our state and local health department efforts to protect the public from the many health threats we face as a nation.

I look forward to working with you and other members of Congress to ensure we move in a positive direction to improve our nation’s public health infrastructure.

Below is my response to Rep. Schakowsky’s question:

Question:

In my home state of Illinois, 46% of all COVID-19 related deaths occurred in long-term care facilities in 2020. The CDC issued guidance for infection prevention and control training for nursing home personnel. Yet, little is known on how this guidance was communicated nor implemented across local and State levels.

What recommendations does the American Public Health Association have to successfully implement and disseminate COVID-19 guidance?

APHA response:

It would be helpful to study how the various levels of guidance are produced and disseminated. It would also be helpful to better understand what health practitioners actually do with this guidance and what dissemination methods give the best results. In general, we do know that CDC gives public health education and clinical guidance over a broad range of health issues. This guidance includes administrative, procedural and clinical advice on how to manage specific diseases as well as broader health threats. They create this guidance using the best medical and scientific knowledge available. In most cases the guidance is routine and consistent with well-established health and medical knowledge

and practice. In this situation CDC is ensuring practitioners and health administrators have the most up to date guidance by dissemination of state-of-the-art knowledge. CDC uses dissemination tools including the Health Alert Network, press releases, fact sheets, social media and its web site. It has strong partnerships with state, local and territorial and tribal governmental public health agencies as well as private sector health care, long term care and nonprofit organizations to assist with its dissemination efforts.

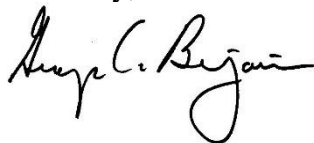
In some cases where a disease is uncommon, rare or new, the broad health practice and administrative community may not be as knowledgeable about the disease management. In this case CDC serves a vital role of consolidating and disseminating their consensus of the best practice to address the threat as it is understood at that time. During the COVID-19 pandemic several situations occurred where the scientific understanding evolved over time or was unclear and decisions needed to be made on the best preventive nonpharmacological interventions (e.g., masking, social distancing, handwashing), clinical and therapeutics (vaccination frequency, use of antivirals and monoclonal antibodies, etc.) and programmatic approach (infection prevention and control training, etc.). Some of this complex decision making occurred via a public process - the best example is vaccine recommendations which benefited from the FDA's public process via their advisory committee followed by the CDC public process via the ACIP.

Recommendation: Developing new skills and practices under emergency conditions is exceedingly difficult and burdensome. Best practice is to have continuous training of all appropriate personnel in health settings to ensure people can perform in an emergency. Just in time refresher training can be used to augment competency but it is always best to have the basic knowledge in place before it is needed. Ensuring this training is occurring is the responsibility of the organizational board and management with oversight by the state regulatory agency, national accrediting bodies and CMS. CDC can also play a role in ensuring it is providing timely guidance over time and in emergency situations.

Much of the routine clinical guidance for established practice does not require a more elaborate process and the dissemination process is adequate, however, there is an opportunity to improve transparency for new, emerging or complex guidance through a more public process. For example, having a public process utilizing one of CDC's existing advisory bodies to publicly discuss and debate masking guidance would have allowed for more transparency and increased understanding into the decision-making process that goes into these kinds of recommendations. Recognizing that in emergency conditions timely guidance is essential a pre-established authority and a group of experts needs to be empowered to do this. This process could utilize the current CDC director's advisory committee or similarly chartered group.

Thank you again for the opportunity to testify before the subcommittee.

Sincerely,

A handwritten signature in black ink, appearing to read "Georges C. Benjamin". The signature is fluid and cursive, with the first name "Georges" being the most prominent part.

Georges C. Benjamin, MD
Executive Director